

Testimony by Sen. Judy Robson
on
SB 232: The Birth Control Protection Act

Senate Committee on Health, Human Services, Insurance, and Job Creation

Wednesday, March 5, 2008

I want to thank Senator Erpenbach for holding a public hearing on SB 232, the Birth Control Protection Act.

This bill protects a women's ability to have prescriptions filled for legally prescribed birth control.

The bill protects a women's ability to have access to professional services from a licensed pharmacist. It ensures her of being able to have a prescription filled without harassment, embarrassment or harm.

Under this bill, a pharmacist cannot arbitrarily refuse to fill a prescription because of his or her personal beliefs if those beliefs override a physician's prescription and that physician's medical diagnosis.

As a registered nurse, I have a scope of practice in which I can legally practice.

The same is true for a pharmacist. When a pharmacist decides that a woman cannot have birth control medications, that pharmacist is practice medicine without a license and is practicing outside of his or her legal scope of practice.

Under this bill, a pharmacist can refuse to fill a prescription only if it is medically contradicted for the patient. In this case, the pharmacist will contact the physician with these concerns and to get clarification.

Why do we need this bill?

This legislation is necessary because these kinds of denial are happening in Wisconsin. We know that women in this state have found themselves in situations where pharmacists have refused to fill their prescriptions for birth control.

In rural areas where there might be only one pharmacist, this means a woman does not have access to necessary medical care.

Pharmacists are an important and vital part of the health care team. They use their professional education to provide care to patients, assess drug doses, interactions and education patients about the proper use of medications.

This bill does not change their scope of practice. However, it does underscore the principle of all health professionals that the patient's health needs must come before their personal beliefs.

The Centers for Disease Control have ranked access to affordable, effective birth control as one of the top 10 public health achievements of the 20th century. This legislation makes sure that women continue to have access to the benefits of birth control.

More than forty years ago, women in Connecticut were charged as criminals and sent to jail for providing contraceptives to married couples.

One of those women was Estelle Griswold, the Executive Director of the Planned Parenthood League of Connecticut.

She appealed her conviction to the U.S. Supreme Court and on June 7, 1965, the court overturned Griswold's conviction and struck down the law that prohibited married couples from using birth control and other people from assisting them. That decision marked the first constitutional protection for birth control.

It is ironic that today we in Wisconsin must still fight this fight for the right to access to birth control. But if we must we will continue to assert that women should have access to legal, safe birth control medications.



WISCONSIN STATE ASSEMBLY
Christine Sinicki
STATE REPRESENTATIVE

Public Testimony on Senate Bill 232

Senate Committee on Health, Human Services, Insurance, and Job Creation
March 5, 2008

Honorable Chairman Erpenbach and Esteemed Members:

Thank you for hearing Senate Bill 232, the Birth Control Protection Act, and giving me the opportunity to share with you my support of this important legislation. Senate Bill 232 is very straightforward. It guarantees you access to your legally prescribed contraceptives.

This bill was authored in response to numerous complaints from women across the state detailing the alarming trend of being denied their valid FDA approved, physician prescribed birth control. In one case a woman was verbally abused. In another a pharmacist denied a woman birth control then refused to transfer the valid prescription. These situations are simply unacceptable and illustrate the dire need for legal clarity in this area.

Once again, we felt compelled to introduce the Birth Control Protection Act in order to clarify the legal duty of a Pharmacist to fill valid prescriptions regardless of their personal religious beliefs. Pharmacists who choose to deny prescribed contraception because of their personal beliefs are behaving in an inappropriate and unprofessional manner – they should not be rewarded with legal impunity. They should be punished for violating the individual's doctor-patient relationship and privacy rights. No woman should be subjected to the humiliation, stress and hassle of being denied her safe, legal prescriptions at the pharmacy counter.

In recent years we have seen anti-birth control special interest groups spread misinformation about the peer-reviewed scientific literature relating to contraception. Some groups overtly lie to women, telling them that birth control pills cause an abortion. They supported legislation that attempted to define abortion as including birth control pills. Birth control is not abortion. Contraception prevents pregnancy it does not end it.

The Birth Control Protection Act is supported by the Department of Regulations and Licensing, the Medical Examining Board, the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Pharmacy Examining board. The FDA, scientific community and the vast majority of the public at large are in agreement here and the legislature should be too.

Again, thank you for your time Chairman Erpenbach and Members. I would be happy to answer any questions you may have.

STATEMENT OF R. ALTA CHARO IN SUPPORT OF SB 232

Thank you for the opportunity to testify in support of SB 232. My name is Alta Charo and I am the Warren P. Knowles Professor of Law and Bioethics at the University of Wisconsin Law and Medical Schools. From 1996 to 2001, I was a presidential appointee to the National Bioethics Advisory Commission.

I have written at length on the issue of "conscious refusals" by medical professionals. Attached to this statement is an article I wrote in 2007 entitled "Health Care Provider Refusals to Treat, Prescribe, Refer and Inform: Professionalism and Conscience" which was published by the American Constitution Society.

There are many documented instances throughout the country of pharmacists refusing to fill contraception prescriptions. Perhaps the best known occurred in Wisconsin, when Neil Noesen refused to fill or even transfer a patient's prescription.

Contraception is part of a comprehensive approach to women's health. For some women, pregnancy can be dangerous, due to underlying medical conditions that could be worsened. For others, it is needed to space the births of their babies, and thus enhance the probabilities of healthy outcomes for their children. And even for those for whom it is, as many call it, a "lifestyle choice," contraception is basic health care for women. It does not destroy an embryo or fetus. Contraception is necessary to avoid unintended or unwanted pregnancies that can either result in the need to seek out an abortion or the birth of a baby under less than optimal circumstances for either mother or child. To thwart a patient's considered choice and a physician's medical judgment on the basis of "conscience" is to undermine not only patient autonomy but patient health.

Patients exist in a world in which it is not easy to see a doctor, get a prescription, and have the prescription filled. Any barrier to receiving a prescription is a burden and a source of delay while the patient hunts, perhaps fruitlessly, for another pharmacy or another pharmacist or even (if as in the Noesen case, the prescription is held hostage) for another physician appointment. Contraceptives are time-sensitive medications, which must be taken faithfully, often daily, to be effective. Delaying even a single day and missing even a single dose can mean an entire month's loss of protection against unintended, unwanted or unsafe pregnancy.

The Wisconsin Administrative Code (Phar. 10.03) defines unprofessional conduct as "engaging in any pharmacy practice which constitutes a danger to the health, welfare, or safety of patient or public. . ." A pharmacist's commitment to refrain from endangering a patient's health, welfare or safety is unconditional. There is no exception that allows a pharmacist to endanger a patient's health in the name of his or her own personal or religious beliefs.

S.B. 232 reinforces existing Wisconsin law, which precisely defines pharmacists' authority. Wis. Stat. § 450.01(16) describes the scope of pharmacy practice to include such integral duties as interpreting prescription orders, providing information on drugs and devices, making therapeutic alternate drug selections and conducting drug regimen screenings. All of these duties

reflect the important role that pharmacists play in our health care delivery system. This bill in no way limits a pharmacist's ability to assess and refuse to fill a prescription based on his or her *professional* concerns, as is clearly set forth in these statutes.

Nowhere in current Wisconsin statutes, however, a pharmacist given authority to refuse to dispense a drug because of a personal, as opposed to a medical, concern about the prescription. As specifically provided in Wisconsin statutes, the pharmacist is limited to looking for contraindications or drug-drug interactions, and bringing such information to the attention of patient and physician. It is never appropriate for pharmacists to wholly override the physician/patient decision as to the ethical course of treatment.

The reason pharmacists, and other health professionals, are asked to sacrifice some of their own personal autonomy, is that they are licensed by the State of Wisconsin to provide professional services to patients. Licensed pharmacists are, in essence, given a state-authorized monopoly on filling prescriptions. As a state-authorized monopoly, their profession is somewhat akin to a public utility. The pharmacist is no more entitled to discriminate against women who engage in sexual activity without reproductive intent than is the power company executive entitled to deny services to the local neo-Nazi clubhouse, or a police officer to refuse protection to the local gambling establishment [See *Endres v. Indiana State Police*, 349 F.3d 922 (7th Cir. 2003) (cert. denied, 541 U.S. 989 (2004))]. As members of a state-created monopoly, and as a condition of receiving their state licenses, pharmacists take on an obligation to serve the general public in a non-discriminatory fashion.

This bill is consistent with Wisconsin law that already enshrines the obligation to provide services in a non-discriminatory fashion. The Wisconsin Administrative Code's Rules of the Pharmacy Examining Board, Section 10.03(9), defines "refusing to render professional services to a person because of race, color, sex, religion, or age" as unprofessional conduct.

Oral contraceptives are taken exclusively by women. Only women are directly affected by this pattern of service refusals. The refusals are intended to interfere with their reproductive choices, an area of life accorded special protection under constitutional law. And while constitutional protections focus on issues surrounding state action, even in a commercial context it is worth noticing that these refusals are aimed almost exclusively at the intersection of these two areas marked by the courts for special concern: women and their sexual or reproductive choices.

One might ask whether the current debate over refusal clauses would sound any different if it were more baldly framed as the asserted right of pharmacists to refuse service to "bad women."

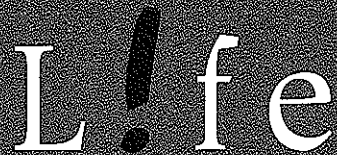
Pharmacists may not pick and choose which patients to serve based on personal bias or belief; nor may they substitute their own belief systems for the federal and state laws that make these medications a legal and protected option for women. Not only is non-discrimination a requirement of existing Wisconsin law, it is an ethical obligation, as enshrined in the code of the American Pharmacists' Association ("APhA"), which calls for the pharmacist to "respect the autonomy and dignity of each patient." The APhA's 1997-98 Policy Committee Report notes that the primary obligation of the pharmacist is to care for the patient. The report states, "Pharmacists ... have a responsibility to the patient.... [T]he patient should not be required to

abide by the pharmacist's personal, moral decision."

When a pharmacist refuses to fill a valid, safe prescription for birth control, the patient-centered orientation of the practice is sacrificed to the pharmacist's own personal, non-professional, often religiously-based beliefs. Patient autonomy is undermined, patient rights are abridged and patient health and welfare is jeopardized.

SB 232 ensures that patients receive the health care they need and that the state licenses pharmacists to provide. There are some health care professionals, including some pharmacists, who believe that their "conscience" is the ultimate consideration, trumping the patient's right or any other right for that matter. But the assumption that one's own conscience is the conscience of the world is fraught with dangers. As C.S. Lewis wrote, "of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. It would be better to live under robber barons than under omnipotent moral busybodies. The robber baron's cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good will torment us without end for they do so with the approval of their own conscience." (C. S. Lewis, *God in the dock: essays on theology and ethics*, 292 (Walter Hooper ed., B. Eerdmans Publishing Co., 99) (1970).

Thank you.



WISCONSINRIGHTTOLIFE

TESTIMONY

IN OPPOSITION TO SB 232

BEFORE THE

**Senate Committee on Health, Human Services,
Insurance and Job Creation**

March 5, 2008

**Mary Klaver
Legislative Legal Counsel
Wisconsin Right to Life**

My name is Mary Klaver and I am the Legislative Legal Counsel for Wisconsin Right to Life. Wisconsin Right to Life opposes Senate Bill 232 because it would jeopardize virtually all of Wisconsin's current laws protecting women and unborn children.

WHY DOES WISCONSIN RIGHT TO LIFE OPPOSE SB 232?

This legislation would seriously jeopardize the constitutionality of virtually all of Wisconsin's laws regulating abortion, including: (1) the prohibition of public funding of abortions, (2) the abortion reporting statute, (3) the parental consent law, (4) the Woman's Right to Know law, (5) the fetal homicide laws, and (6) the Small Employer Health Care Plan with an abortion rider requirement.

This legislation goes well beyond the authors' stated purpose. SB 232 changes the definition of "abortion" contained in each of the above laws in a way that is not only inaccurate, but vague and confusing. The proposed change to the definition of "unborn child" would also create vagueness. Vague laws can be challenged in court and be ruled unconstitutional.

WHAT ARE THE CONSTITUTIONAL CONCERNS REGARDING THE DEFINITIONS IN SB 323?

Laws which regulate abortion are often challenged in court on the ground that they are unconstitutionally vague in an effort to have the court rule that the abortion regulation is unconstitutional. The authors are attempting to unnecessarily and recklessly change various definitions in current laws dealing with abortion in ways that would put those laws in legal peril.

Definition of unborn child. An obvious example of creating unconstitutional vagueness is the proposed change in the definition of "unborn child." Under s. 20.927, which prohibits the public funding of abortion, "unborn child" means "a human being from the time of conception until it is born alive." This definition of "unborn child" *clearly applies to an unborn child located inside the mother* because it uses the term "born alive" which refers to the "complete expulsion or extraction from [the] mother ..." (see s. 990.001 (17) and s. 990.01 (19j) regarding construction of statutes). The proposed change in SB 232 deletes the definition of unborn child and substitutes the term "embryo or fetus" with no indication of where the "embryo or fetus" is located. Consequently, this creates vagueness because the "embryo or fetus" could be located in places other than inside the mother, such as a petri dish used for infertility treatments or embryonic stem cell research.

Definitions of abortion. Supporters of SB 232 apparently fear that the current definitions of abortion in Wisconsin would apply to contraceptives. The fact is the current definitions of abortion in Wisconsin do not include contraceptives. Contraceptives are used to prevent the creation of a new life. Abortion, on the other

hand, terminates the life of an unborn child in the mother's womb. Yet, SB 232 incorrectly assumes that the current definitions of abortion in Wisconsin could be interpreted to include contraceptives.

The authors are overlooking the *current language and context* of the definitions of abortion which *clearly exclude contraceptives*. For example, the phrases "after implantation of a fertilized ovum" in s. 48.375 (2) (a), the parental consent law, and "a woman known by the physician to be pregnant" in s. 69.01 (13m), the abortion reporting law, *clearly exclude contraceptives* which do not work after implantation or when the woman is already known to be pregnant. For the fetal homicide law exclusions in s. 939.75, one merely needs to look at the context. The fetal homicide laws expressly do not apply to contraceptives (see the attached copy of s. 939.75 (2) (b) 4.).

The definition of abortion in the Woman's Right to Know Law (s. 253.10 (2) (a)) was interpreted by a federal court in *Karlin v. Foust*, 975 F.Supp. 1177 (W.D.Wis 1997), to "not apply to the administration of emergency contraception." If the definition does not apply to emergency contraception, then it certainly does not apply to any contraceptive. The *Karlin* interpretation of this definition also applies to the definition of abortion in s. 40.98 (1) (ag), the Small Employer Health Care Plan, because it uses the same definition and this law was enacted after the *Karlin* ruling.

CONCLUSION

SB 232 would interfere with 30 years of laws enacted by the Wisconsin legislature to regulate abortion which are successfully working to protect women and unborn children! Senate Bill 232 would subject the abortion laws in Wisconsin to court challenges claiming they are unconstitutionally vague.

Wisconsin Right to Life urges you to OPPOSE SB 232. Thank you.

DEFINITIONS FOR AND EXCLUSIONS TO THE FETAL HOMICIDE LAWS

939.75 Death or harm to an unborn child. (1) In this section and ss. 939.24 (1), 939.25 (1), 940.01 (1) (b), 940.02 (1m), 940.05 (2g) and (2h), 940.06 (2), 940.08 (2), 940.09 (1) (c) to (e) and (1g) (c), (cm), and (d), 940.10 (2), 940.195, 940.23 (1) (b) and (2) (b), 940.24 (2) and 940.25 (1) (c) to (e), "unborn child" means any individual of the human species from fertilization until birth that is gestating inside a woman.

(2) (a) In this subsection, "induced abortion" means the use of any instrument, medicine, drug or other substance or device in a medical procedure with the intent to terminate the pregnancy of a woman and with an intent other than to increase the probability of a live birth, to preserve the life or health of the infant after live birth or to remove a dead fetus.

(b) Sections 940.01 (1) (b), 940.02 (1m), 940.05 (2g) and (2h), 940.06 (2), 940.08 (2), 940.09 (1) (c) to (e) and (1g) (c), (cm), and (d), 940.10 (2), 940.195, 940.23 (1) (b) and (2) (b), 940.24 (2) and 940.25 (1) (c) to (e) **do not apply to any of the following:**

} Fetal Homicide
} Laws
}

1. An act committed during an induced abortion. This subdivision does not limit the applicability of ss. 940.04, 940.13, 940.15 and 940.16 to an induced abortion.

2. An act that is committed in accordance with the usual and customary standards of medical practice during diagnostic testing or therapeutic treatment performed by, or under the supervision of, a physician licensed under ch. 448.

2h. An act by any health care provider, as defined in s. 155.01 (7), that is in accordance with a pregnant woman's power of attorney for health care instrument under ch. 155 or in accordance with a decision of a health care agent who is acting under a pregnant woman's power of attorney for health care instrument under ch. 155.

3. An act by a woman who is pregnant with an unborn child that results in the death of or great bodily harm, substantial bodily harm or bodily harm to that unborn child.

4. The prescription, dispensation or administration by any person lawfully authorized to do so and the use by a woman of any medicine, drug or device that is used as a method of birth control or is intended to prevent pregnancy.

(3) When the existence of an exception under sub. (2) has been placed in issue by the trial evidence, the state must prove beyond a reasonable doubt that the facts constituting the exception do not exist in order to sustain a finding of guilt under s. 940.01 (1) (b), 940.02 (1m), 940.05 (2g), 940.06 (2), 940.08 (2), 940.09 (1) (c) to (e) or (1g) (c), (cm), or (d), 940.10 (2), 940.195, 940.23 (1) (b) or (2) (b), 940.24 (2) or 940.25 (1) (c) to (e).

Carol Van Hulle

Testimony Submitted to Senate Committee on Health March 5, 2008

Support for SB 232

Hi, my name is Carol Van Hulle and I live in Madison.

I'm here today because I feel very strongly about this issue. Specifically, I'm concerned about the notion that people should get to pick and choose which parts of their job they decide to perform. It is not up to individual pharmacists to decide who deserves to have their prescription filled and who doesn't. Should a Catholic pharmacist be able to deny medication to couples seeking assisted reproduction? Or a scientologist refuse to fill a prescription for Prozac because he doesn't believe in psychiatric disorders. Should a pharmacist refuse to fill prescriptions for an AIDS patient because they think homosexual lifestyle is wrong? Part of living and working in a pluralistic society like ours is interacting everyday with people whose beliefs are different than our own, or whose behavior we may not always approve of.

Birth control, like any other medication, is prescribed for a variety of purposes and is a part of many women's basic health care. This bill, SB 232, sends a strong message that women of Wisconsin who use birth control have as much right to have their prescriptions filled, when and where they choose, as you or me or anyone else seeking medical care.

Please support Senate Bill 232 – the Birth Control Protection Act

Thank you for your time.



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY REGARDING SB 232: CONTRACEPTION MANDATE FOR PHARMACISTS

Presented by Barbara Sella, Associate Director

March 5, 2008

Thank you for the opportunity to testify before you today on this complicated issue.

The Wisconsin Catholic Conference opposes SB 232 for several reasons, having to do with how we define human life, abortion, and conscience rights. I will briefly state the objections and then explain what the Catholic Church teaches on conscience and contraception so that our position may be better understood.

Objections to SB 232

Our first objection to SB 232 is that it strikes out the phrase in s. 20.927(1g), “‘unborn child’ means a human being from the time of conception until it is born alive.” In so doing, the bill imposes a legislative answer to the question of when life begins. But this definition ignores what science tells us, which is that the union of an egg and a sperm at conception marks the beginning of a new human life.

Second, eliminating the above phrase would redefine abortion in a way that would affect not just pharmacists, but other health care professionals as well. If abortion no longer includes the harm done to the pre-implanted fertilized egg, then all health care professionals and institutions would be forced by state statute to provide such abortifacients as the intrauterine device (IUD), whose only function is to prevent a newly conceived human life from implanting.

Third, in asserting that abortion never means the “use, administration, delivery, prescribing, or dispensing of any federal-food-and-drug-administration-approved contraceptive,” the bill is too broad. We simply do not know what other contraceptives will be approved by the FDA in the future. Some of them could, in fact, interfere with implantation or directly destroy a newly conceived human life. Given the recent problems with FDA-approved medications, we should also all be cautious about the possible health risks to the woman of any new drugs.

Fourth, we have serious reservations about the bill’s impact on the conscience rights of pharmacists. Indeed, SB 232 would seem to directly contradict Article I, Section 18 of our state Constitution, which explicitly affirms, “nor shall any control of, or interference with, the rights of conscience be permitted.”

Conscience in the Catholic Tradition

For Catholics, conscience is “the interior voice of a human being, within whose heart the inner law of God is inscribed. Moral conscience is a judgment of practical reason about the moral quality of a human action. It moves a person at the appropriate moment to *do good* and to *avoid evil*” (*Catechism of the Catholic Church*, #1777-1778, emphasis added).

Too often our society views conscience as merely that which stops individuals from doing evil. However, conscience, in its fullest sense, is that which calls us to something better, to be something more than what we are. Conscience is not minimalist, seeking the lowest common denominator. Conscience leads us to the higher, greater good. It is not a means of calculating, “What is the minimum I must do – or avoid doing – to be a moral person?” Rather, it is a voice that calls us to be as virtuous as we can be.

Contraception in the Catholic Tradition

In order to better understand why some retail pharmacists may not want to distribute artificial contraception, I want to say a word about the Catholic position on contraception.

In 2006, the United States Conference of Catholic Bishops (USCCB) issued a statement on sexuality and contraception entitled, “Married Love and the Gift of Life.” In it, the bishops explained what distinguishes the Catholic view of sexuality from that of our secular culture.

Our culture often presents sex as merely recreational, not as a deeply personal or even important encounter between spouses. In this view, being responsible about sex simply means limiting its consequences—avoiding disease and using contraceptives to prevent pregnancy. ...God’s plan for married life and love is far richer and more fulfilling. Here sexuality is the source of a joy and pleasure that helps the spouses give themselves to each other completely and for their entire lives.

The Church views artificial contraception as objectively immoral because it introduces a “false note” in a marriage. Artificial contraception restricts the total self-giving of the spouses. Contraception may also cause one or both spouses to treat each other more like objects than as persons. In some cases, the failure of contraception may tempt couples to seek an abortion when an unwanted life is conceived.

The bishops’ statement goes on to explain that couples may indeed control the number and spacing of births using Natural Family Planning, and it highlights some of the benefits of this approach, benefits that a growing number of non-believers are discovering.

The Church’s objection to artificial contraception is not about trying to penalize or control individuals. It is about not trivializing the most creative power that we human beings possess. It is about protecting the human dignity of parents and their unborn children. It is about reminding society that women should not have to radically delay childbirth, artificially suppress their fertility, or ingest strong chemicals in order to get an education and participate in the workforce at every level.

Conclusion

As we regularly argue in our testimony on the rights of workers, prisoners, children, the sick, and the elderly, each human being possesses an inherent and inalienable dignity. Each human being is a moral agent, with an equal claim to live a dignified life and to act in accordance with his or her conscience. Any legislation that denies our humanity and coerces the conscience of even a few individuals should not be supported. Please oppose SB 232.

Thank you.

Pro-Life Wisconsin



Defending them all...

P.O. Box 221, Brookfield, WI 53008-0221
Phone (262) 796-1111 Fax (262) 796-1115
info@prolifewisconsin.org www.prolifewisconsin.org

Testimony in Opposition to SB 232: Chemical Abortion Pharmacist Mandate
Senate Committee on Health, Human Services, Insurance, and Job Creation
By Matt Sande, Director of Legislation
March 5, 2008

Good morning Chairman Erpenbach and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to speak against Senate Bill (SB) 232. This counterfactual and unconstitutional legislation would force all licensed Wisconsin pharmacists, regardless of their medical and moral judgment, to dispense the morning-after pill and other FDA-approved abortifacient contraceptive drugs. The legislation also redefines the statutory definition of abortion to exclude all FDA-approved contraceptive drugs and devices. Violators would be subject to current law standard of practice penalties ranging from forfeitures to license revocation.

Hormonal birth control and its abortion causing effect:

It is a medical fact that the morning-after pill (a high dosage of the birth control pill) and most if not all birth control drugs and devices including the intrauterine device (IUD), Depo Provera, the Patch, and the Pill can act to *terminate* a pregnancy by chemically altering the lining of the uterus (endometrium) so that a newly conceived child (human embryo) is unable to implant in the womb, thus starving and dying. This mechanism of action is termed a pre-implantation chemical abortion.

One need only explore the websites of individual abortifacient brand-name drugs to verify their abortion causing effect. The most commonly used emergency contraceptive pill package is Plan B. The website for this drug regimen clearly indicates that it can work to prevent a fertilized egg (a human embryo) from implanting in the uterine wall:

Source: www.go2planb.com under "What is Plan B®" then go to "How Plan B® Works:"
Plan B® works like a regular birth control pill. It prevents pregnancy mainly by stopping the release of an egg from the ovary, and may also prevent the fertilization of an egg (the uniting of sperm with the egg). **Plan B® may also work by preventing it [fertilized egg] from attaching to the uterus (womb) (emphasis added).** It is important to know that Plan B® will not affect a fertilized egg already attached to the uterus; it will not affect an existing pregnancy.

The package insert of LO/OVRAL-28, a standard birth control pill manufactured by Wyeth Laboratories, also describes the mechanism of the drug:

LO/OVRAL-28: Combination oral contraceptives act by suppression of gonadotropins. Although the primary mechanism of this action is inhibition of ovulation, other alterations include **changes in the cervical mucus (which increase the difficulty of sperm entry into the uterus) and the endometrium (which reduce the likelihood of implantation)** (emphasis added).

While admitting that hormonal birth control can inhibit the implantation of a fertilized egg, the makers of these drugs claim that they do not cause an abortion. For example, they argue that emergency contraception "prevents pregnancy" or "will not affect an existing pregnancy." However, they intentionally define the term "pregnancy" as **implantation** of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at **fertilization**.

Whether one understands pregnancy as beginning at "implantation" or "fertilization," the heart of the matter is when human life begins. Embryological science has clearly determined that human life begins at fertilization – the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. This is not a subjective opinion, but an irrefutable, objective scientific fact. Accordingly, any artificial action that works to destroy a human embryo is abortifacient in nature.

Excluding the morning-after pill and other abortion-causing birth control drugs from the legal definition of abortion does not change the fact that they can and do cause early chemical abortions. Simply wishing something to be true does not make it so.

Federal and state constitutional protections of religious expression and liberty of conscience:

Senate Bill 232 clearly violates the First Amendment of the United States Constitution which guarantees the right to freely exercise one's religious convictions. It further violates our Wisconsin Constitution which expressly protects the rights of conscience. Under Article 1, Section 18 of our state constitution "any control of, or interference with, the rights of conscience" shall not be permitted.

These individual conscience rights are enshrined in our state and federal constitutions for good reason – to secure liberty in a free nation. Whether or not legislators agree or disagree with specific moral objections, their sworn oaths to the state and federal constitutions command them to respect and protect them. They can't pick and choose which conscience rights to protect or reject. This legislation pushes us down the slippery slope which ultimately ends in the obliteration of any and all conscience rights.

Manufacturing a problem in need of a solution:

What problem is this bill trying to solve? Conscientious pharmacists exercise their refusal to dispense birth control in a peaceful, non-judgmental and professional manner. **They typically have accommodations in place with their employers so that customers can access contraceptives from other pharmacists on staff or, if no other pharmacist is available, from other nearby pharmacies. Senate Bill 232 would completely abrogate any and all good-faith accommodations between pharmacists of conscience and their employers.** In other words, if it isn't broke, don't fix it.

This bill is not about access to birth control at all. Birth control is everywhere – even the morning-after pill is now accessible over the counter for those aged 18 and over. We have 1-800 "EC" hotlines that diagnose and prescribe the morning-after pill over the phone for those under the age of 17. What this bill is really about is forcing pro-life pharmacists to cast aside any moral or medical qualms about birth control and do the bidding of the birth control industry.

Pharmacists, like doctors and nurses, are valued members of the professional health care team who should not be forced to choose between their consciences and their livelihoods. No pharmacist should have to daily check his or her conscience at the door. Just as a woman's legal right to a surgical abortion does not compel a hospital to provide one, a woman's legal right to abortifacient drugs and devices should not compel a pharmacist to dispense them. We must not force pharmacists to participate in what they know to be the killing of another person.

According to Karen Brauer, president of Pharmacists for Life International (PFLI), pharmacists who refuse to dispense birth control to their female customers do so out of concern for the health of

their female patients. "There are countless deaths of women from the birth control pill because it causes blood clots," said Brauer, explaining that many pharmacists' opposition to the pill and morning-after pill is based on both professional and moral concerns.

Warning that pharmacists would exit the profession if similar federal legislation were to be enacted, Brauer said, "There will be no more pharmacists. We are smart and we can get other jobs. The biggest victims are the patients who will be losing pharmacy services."

According to a study by Pharmacy Manpower Project Inc. out of Western University of Health Sciences in Pomona, California, Wisconsin is one of a few states where the pharmacist shortage is most severe. On a scale of one to five — with one equal to high supply of pharmacists and five equal to high demand — Wisconsin scored a 4.6, meaning that it's difficult to fill its open positions. Passage of SB 232 will only exacerbate Wisconsin's acute pharmacist shortage, hampering our state's ability to recruit and retain quality pharmacists.

Thank you for your consideration and I would be happy to answer any questions committee members may have for me.

March 5, 2008

**To: Members, Senate Committee on Health, Human Services, Insurance,
and Job Creation**

From: Matthew Thill, PharmD

Re: In Opposition to Senate Bill 232: Birth Control Protection Act

Good morning Chairman Erpenbach and committee members. Thank you for the opportunity to submit my written opposition to Senate Bill 232. I am a licensed pharmacist in the state of Wisconsin, and currently work as a staff clinical pharmacist at a hospital in Marshfield, Wisconsin. This bill has negative consequences for the profession of pharmacy in this state, and for the reasons listed below I strongly urge you to oppose it.

I am a conscientious objecting pharmacist, and my objection primarily concerns the dispensing of hormonal contraceptives. One of the mechanisms by which hormonal contraceptives work, the "birth control pill", the "morning after pill, the birth control patch and injection, is to prevent the implantation of a fertilized egg, an embryo, into the mother's uterine lining. To be very clear on this point, this means that while receiving these types of drugs, a woman can ovulate and the egg can be fertilized. Because of the effects of these drugs, the embryo most likely will not implant into the mother's uterine lining.

My faith, which has helped to form my conscience, teaches that human life begins at the moment of fertilization, not at implantation, and that medications that act in this manner can end human life in its earliest stages. To me, these medications cause chemical abortions. For this reason, as a practicing Catholic pharmacist I conscientiously object to dispensing contraceptives and emergency contraceptives.

Not only do hormonal contraceptives have the ability to end human life in its earliest stages, but I also believe they are both dangerous and demeaning to women. They are dangerous because of the side effects the user may experience which include increased risks of cancer, heart attack, stroke, and pulmonary embolism which can be lethal, among many other side effects. They are demeaning to women because implicit in their use is the inference that a woman's fertility is a defect, something that should be covered up and medicated; that it is a disease and should be treated as such. This is not a group of drug products I would want my wife, friends or family members to use.

I have been practicing as a pharmacist now for almost 3 years. I have had this same objection as a student during my pharmacy school clinical rotations, my year as a pharmacy resident, and my current position as a staff clinical pharmacist. I have had no problems to this date concerning my objections. My current employer recognizes the right of any staff member to request not to participate in aspects of patient care which

conflict with an individual's religious beliefs. When taking my current pharmacy position, my manager and I sat down together and discussed my concerns. A plan was then drafted that addressed what actions I would take when faced with situations I could not participate in because of my religious beliefs. An accommodation was made at that point, one that has been effective so far. Through this agreement the needs of the patient and my employer, as well as my needs have been met.

Senate Bill 232 completely disregards the deeply held religious beliefs of conscientious objecting pharmacists. As I just explained, my employer and I were able to design a plan where the needs of an objecting pharmacist, the employer, and the patient were all satisfied. This bill would at the very least ignore the pharmacist, and potentially create a pharmacist versus patient and patient versus pharmacist atmosphere. Instead of pharmacists working with their employers and colleagues to protect deeply held religious convictions, it mandates that pharmacists of conscience go against their belief system and participate in what they consider to be morally wrong. My right to freely exercise my religious convictions would be ignored.

There is a nationwide shortage of pharmacists, and Wisconsin is no exception to this trend. Many pharmacists have been working overtime just to be able to cover all of the shifts necessary to keep pharmacies operating. Pharmacists around the nation will be looking at Wisconsin to see whether or not it is inviting to pharmacists. "If I go to Wisconsin to practice pharmacy, will I be able to follow my conscience? Or, are my beliefs not protected?"

If Senate Bill 232 became law, pharmacists with conscientious objections would have few options, none of them good. They could decide they cannot be a pharmacist and follow their conscience at the same time, ultimately quitting the profession of pharmacy. They could leave Wisconsin to find employment in a state that protects and respects their rights as more state legislatures are doing. Lastly, they could continue on as they currently practice, breaking the law and risking punishment. None of these are good options.

I urge each of you to oppose Senate Bill 232. This bill is not about providing greater access to birth control, or even receiving it more quickly. Accommodations made for conscientious objecting pharmacists already provide access to contraceptives through other pharmacists or other pharmacies. Pharmacists should not have to worry about being fired for their beliefs; they just want to take care of their patients. Some states have already passed laws protecting pharmacists from being forced to violate their beliefs. I hope the members of this committee realize this is not best for pharmacists or patients and oppose Senate Bill 232.

Matthew Thill, PharmD
7987 Hemlock Street
Hewitt, WI 54441



PLANNED PARENTHOOD ADVOCATES OF WISCONSIN

TESTIMONY OF PLANNED PARENTHOOD ADVOCATES OF WISCONSIN IN SUPPORT OF SB 232 THE BIRTH CONTROL PROTECTION ACT

My name is Chris Taylor and I am the public policy director for Planned Parenthood Advocates of Wisconsin. I appreciate the opportunity to testify before this committee today and provide the perspective of the largest and oldest family planning provider in Wisconsin. Planned Parenthood Advocates of Wisconsin strongly supports SB 232, the Birth Control Protection Act.

Planned Parenthood has a keen interest in making sure that no patient experiences an unintended pregnancy, and we do everything within our power to provide our patients with the direct clinic services and education so that this is avoided. Each year, we serve over 70,000 patients throughout the state by providing breast and cervical cancer screening and cervical cancer treatments, sexually transmitted infection testing and treatment, pregnancy counseling and access to birth control methods, and abstinence-based, age-appropriate sex education.

This bill is really quite simple and does two things: 1) It creates a clarification within the pharmacy practice standards in Wisconsin that pharmacists should not refuse to fill valid, safe birth control prescriptions because of a personal objection to birth control; and 2) Clarifies that the definition of "abortion" under Wisconsin statutes should never include FDA contraceptives. Contraceptives is merely another word for birth control. The Meriam Webster Medical Dictionary defines birth control as "contraceptive devices." The FDA uses these terms "birth control" and "contraceptives" interchangeably on their chart listing all of the contraceptives the FDA has approved.

The bottom line is that this bill ensures that no woman is ever refused her birth control prescription at a pharmacy counter due to a pharmacist's *personal* opposition to birth control in addition to making sure our statutes never consider birth control to be an abortion.

Everyone should be able to support this bill which facilitates a woman's access to safe, legal birth control prescriptions, especially abortion opponents. We know that access to birth control is a key component in making sure women aren't faced with unintended pregnancies. It follows that access to birth control is a key component in reducing the abortion rate as well. Indeed, much of the decrease of the abortion rate has been attributed to women having greater access to birth control. Over 90% of American women use some form of birth control during their child bearing years. Without access to birth control, the average woman would have between 12 and 15 children in her lifetime.

For some women, access to birth control is a matter of life or death. Besides preventing pregnancy, birth control pills are used to address serious and painful health conditions, such as endometriosis. Some women take birth control because they have medical conditions or are going through serious medical treatments, such as chemotherapy, and pregnancy threatens both their life and the life of the fetus.

Access to birth control and the abilities of women to plan and space pregnancies has contributed to improved maternal, infant and family health. Planned pregnancies make for healthier mothers and babies, because there is more of a focus on prenatal care. For example, prior to the availability of birth control, there were 31.6 maternal deaths per 100,000 births. That rate has been reduced by 69% to 9.9 maternal deaths per 100,000 births. In addition, 24.7 infants died per 1,000 live births. In 2001, that number has declined to 6.8 infant deaths per 1,000 live births. (U.S. Census Bureau, 2004).

Finally, the ability to plan and control fertility has given women access to a broader range of life choices including education and employment opportunities. In 1965, without access to birth control, 26.2 million women participated in the work force. By 2003, that number had increased to 68.3 million women. (U.S. Census Bureau, 2004). Wisconsin actually has the 5th highest percentage of women in the workforce in the country. More than one-half of employed women provide for at least half of their household income. Between 1960 and 2003, the number of women who completed four or more years of college quadrupled from 5.8% to 25.7%.

Unfortunately, in the last several years there have been renewed efforts by some to restrict a woman's access to birth control. The bill's necessity has emerged because of a few well publicized instances where women have been refused their valid birth control prescriptions by pharmacists who are personally opposed to the use of hormonal birth control pills. In these cases, women have not only been refused their pills—but also berated and harassed by the refusing pharmacists.

It is important to state at the outset of this discussion that pharmacists are a critical part of the health care chain. Planned Parenthood Advocates of Wisconsin's support of this bill is in no way a criticism of most of the pharmacists throughout this state who work tirelessly every day to ensure that their patients get the best possible health care. Most pharmacists place the health care needs of their patients as their paramount consideration in their pharmacy practice. Current Wisconsin law details the scope of professional practice of pharmacists, which includes such integral duties as interpreting prescription orders, providing information on drugs and devices, making therapeutic alternate drug selections and conducting drug regimen screenings. Stat. § 450.01(16). All of these duties create the important role that pharmacists play in our health care delivery system and SB 232 doesn't disturb these professional duties whatsoever.

Nowhere in current Wisconsin law, however, is a pharmacist given authority to refuse to dispense a prescription because of a personal, as opposed to a professional, objection to the prescription. Senate bill 232/AB 467 simply clarifies the duty a pharmacist has to dispense a valid prescription for any federal Food and Drug Administration approved contraceptive unless the prescription is contraindicated for that particular patient in the pharmacist's *professional* opinion. This bill ensures that the personal beliefs of the pharmacist don't jeopardize patient health and care while preserving the professional duties of pharmacists.

This bill is consistent with existing Wisconsin law. Under Wisconsin law *and* Wisconsin and national ethical codes, pharmacists clearly have a duty to facilitate patient access to safe and valid prescriptions. In addition to the Wisconsin statutes cited above, Wisconsin law establishes a duty upon pharmacists to refrain from conduct that is dangerous to the health, welfare, or safety of patients and the public and to act within the standard of care ordinarily exercised by pharmacists. Wis. Admin. Code Phar. §10.03 (2). These standards provide no exception for a pharmacist who harms a patient because he or she had personal objections to the prescription at issue. There is also a duty on pharmacists not to discriminate on the basis of the gender. Wis. Admin. Code Phar. Sec. 10.03(9).

Despite these laws, we still see instances of renegade pharmacists in Wisconsin refusing to fill valid birth control prescriptions based solely on their personal opposition to the use of birth control pills. Perhaps the most egregious case is that of Neil Noesen, the Menomonie pharmacist who refused to fill or transfer a young woman's birth control prescription in 2005. Despite eventually being disciplined by the Pharmacy Examining board, Noesen continued his dangerous behavior in other pharmacies in Wisconsin and on more than one instance cited the law's lack of an explicit prohibition from refusing to fill a birth control prescription based on his personal beliefs as justification for his behavior.

Although the overwhelming majority of pharmacists in Wisconsin recognize that they have an ethical duty to their patients to make sure they have access to their safe, legal birth control prescriptions, a pattern of refusals in our state is concerning enough to warrant clarification in the laws. No patient should have to go from pharmacy to pharmacy to try to get her safe, legal birth control prescription filled. In accordance with the ethical code that governs the profession, the practice of pharmacy should be patient centered and focus on the health care needs of the patient, not the personal beliefs of the pharmacist. This bill is narrowly crafted to effectuate that ethical code, while still respecting the professional autonomy of licensed pharmacists in Wisconsin.

The second prong of this bill makes clear that the definition of "abortion" under Wisconsin law does not include contraceptives. After years of maneuvering by anti-birth control special interest groups, and the legislators they support, the definitions of "abortion" and "contraception" have become very blurred in our statutes. While legitimate health care organizations like the American Medical Association and the American College of Obstetricians and Gynecologists explain that birth control pills act to prevent pregnancy, opponents of birth control refer to it as "chemical abortion" and vow to restrict access to it. No legitimate medical organization in the United States supports the false belief that birth control pills cause an abortion. Thus, it has become increasingly necessary to clear up the law to ensure that the definition of contraception is not included in the definition of abortion within the Wisconsin statutes.

Finally, the public health community and the public at large strongly support this bill. The Medical Examining Board and the Pharmacy Examining Board both have taken positions supporting this bill and urging passage. Both the Wisconsin Public Health Association and the Wisconsin Association of Public Health Departments and Boards have registered in support of this bill.

The public also overwhelmingly supports this bill. In a June, 2007 Mark Mellman Poll of 600 likely Wisconsin voters, 84% of voters supported requiring pharmacists to dispense safe, legal birth control prescriptions without harassment or delay and 86% of voters support efforts to increase access to family planning services like birth control.

This bill is good for women and makes good policy sense. Please support SB 232.

Thank you.

Katie Simons
Testifying in Support of AB 232
March 5, 2008

Hi my name is Katie Simons and I am the co-chair of VOX: Voices for Planned Parenthood at The University of Wisconsin-Madison.

I believe that birth control is an important part of comprehensive health care for women. Safe and legal birth control is widely prescribed across the country and many students at the University of Wisconsin depend on access to this medication. Like many other types of medicine, the decision to prescribe birth control is based on a mutual agreement between a woman and her doctor.

I believe that it is essential for women to have control over their own fertility. Access to safe and legal birth control gives women the ability to make the important decision regarding when and if she chooses to become pregnant. It is my belief that pharmacists have the obligation to dispense legal, safe prescribed medication regardless of their individual personal beliefs.

It is essential that pharmacists provide women with the respect and care they deserve. Please support Senate Bill 232- The Birth Control Protection Act

Thank you for the opportunity to express my opinion today.



TESTIMONY OF KELDA HELEN ROYS
ON BEHALF OF NARAL PRO-CHOICE WISCONSIN
SUPPORTING THE BIRTH CONTROL PROTECTION ACT

To: Members of the Wisconsin State Senate Committee on Health, Human Services,
Insurance, and Job Creation
From: Kelda Helen Roys, Executive Director of NARAL Pro-Choice Wisconsin
Re: Support for SB 232, Birth Control Protection Act
Date: March 5, 2008

Good morning. On behalf of our over 35,000 statewide members, I thank you for holding a hearing on this pressing health care issue. NARAL Pro-Choice Wisconsin believes in a culture of freedom and personal responsibility – that means ensuring that women have the full range of reproductive options available to them, including preventing unintended pregnancy through contraception.

While various forms of contraception have been used throughout human history, in the past half century the methods have become more safe, reliable, and available than ever before. Over 98% of American women will use birth control at some point during their lives.¹ Without it, the average woman would have 12 to 15 pregnancies. Still, we have much work to do, particularly around access and education. Half of pregnancies in the United States are unintended. Roughly fifty percent of these pregnancies involve couples using contraception incorrectly, and the other half not using contraception at all. We know that an unintended pregnancy is 50% likely to end in abortion.

The Birth Control Protection Act is a commonsense bill that will help reduce unintended pregnancy and the need for abortion by ensuring that women are never wrongfully denied access to basic health care based on a pharmacist's personal beliefs. It defines all forms of contraception according to the federal Food & Drug Administration's medically accurate definitions, and clearly states that contraception is not an abortion and should not be treated as such in the law. The law also protects patients' right to receive non-discriminatory health care – so that no woman will again be yelled at by a pharmacist for trying to access her doctor-prescribed medication, so that no woman again will have to drive from pharmacy to pharmacy searching for one who will dispense her prescription, so that no woman again will ever be placed at risk for an unintended pregnancy because of a pharmacist's interference in the doctor-patient relationship.

It is a sad statement that this bill is necessary. Birth control is basic health care, it is preventive, it is cost effective, it is widely accepted and used, and it empowers women and couples to plan their families. Yet attacks on women's access to contraception are on the rise and for many women, access to reliable methods of family planning is increasingly

¹ William Mosher et al. *Use of Contraception and Use of Family Planning Services in the United States: 1982–2002*. 350 CDC Advance Data From Vital and Health Statistics (December 10, 2004)



difficult. Anti-birth control extremists are waging a media and public policy campaign designed to falsely depict contraception (including emergency contraception) as "early abortion," insisting that health care providers should be granted special legal rights to refuse to provide these medications, and using political pressure to block any efforts to increase women's access to contraception. As reported in an August 2005 front-page article in *The Capital Times*, Wisconsin's anti-choice movement seeks to outlaw contraception.²

Their goal is not to reduce the need for abortion, or to help women have healthy pregnancies and healthy families, but to criminalize abortion and birth control. Pro-Life Wisconsin's director of legislative affairs, Matt Sande, said, "By outlawing contraception, you're closer to outlawing surgical abortion." He goes on to discuss *Roe v. Wade*, saying that while they still seek to overturn it they believe it is also necessary to attack the legal right to birth control. The article continues, "Those who don't turn their attention to trying to outlaw contraception at this point, Sande says, hurt the anti-abortion cause."

At pharmacy counters all over Wisconsin, countless women have been turned away by a pharmacist who personally opposes birth control, even though these women have valid prescriptions. Several of these incidents have been covered by the media, but many more have gone unreported.

Under existing law, pharmacists have an obligation to fill valid prescriptions, including birth control, regardless of the pharmacist's personal beliefs about the morality of the medication. It is part of the ethical standard of care that makes pharmacists' principle duty to provide patient-centered health care. Patient-centered care, and patient-directed care, is central to modern medical and pharmacological practice, yet astonishingly some pharmacists have begun to vocally disregard their patients' health to push an extreme, personal, ideological agenda against contraception.

I can think of no other profession that asserts a right to discriminate against one class of client – in this case, women – as a matter of personal privilege. The essence of professionalism, whether the professional is a doctor, a lawyer, a real estate broker, or a pharmacist, is that the client's needs are paramount, and the professional must put serve the client's interest rather than his own. This is particularly true when one considers that the professional has been granted a license, and in essence, a right to monopoly, by the state of Wisconsin.

This bill is a simple, effective, narrow bill that addresses a critical need for thousands of Wisconsin women. It must not be amended, gutted, or delayed.

Respectfully submitted,

Kelda Helen Roys
kelda@prochoicewisconsin.org
(608) 287-0016

² "Now It's The Pill They're After, Right-to-life Movement Calls It Chemical Abortion," by Judy Davidoff. *The Capital Times*, August 1, 2005, Page 1A.

Good Afternoon.

My name is Dr. Elizabeth Pritts. I appreciate the opportunity to testify today in support of SB 232 which requires that pharmacists fill safe, legal contraceptive prescriptions and clarifies that contraceptives are excluded from the definition of abortion under state statutes. I strongly support this bill.

I am double Board certified by the American Board of Obstetrics and Gynecology in general Obstetrics and Gynecology as well as Reproductive Endocrinology and Infertility. I currently practice medicine at the Wisconsin Fertility Institute. My past academic appointments include Assistant Professor, Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility at the University of Wisconsin Medical School, Madison WI; Clinical Fellow, University of California at San Francisco; Instructor, Yale University School of Medicine. I am the author of 28 scientific publications and have lectured across America on a variety of topics related to female reproduction and fertility. I have attached a copy of my Curriculum vitae.

Some of the opponents of this bill mistakenly state that combination oral contraceptives can induce abortion. This is inconsistent with the medical scientific facts. Oral contraceptives, including currently available emergency contraception, work primarily by stopping or delaying ovulation and to a much lesser degree by preventing fertilization and implantation of a fertilized egg—also known as conception. They work before conception occurs—hence the name “contraception.”

Oral contraceptives do not cause abortions—or the termination of a pregnancy- after implantation or conception. As a matter of fact, Reproductive Endocrinologists around the world routinely use both progesterone and estrogen in doses very like the ones found in oral contraceptives, to support pregnancies once they occur in the patients we treat.

There are some who have suggested that because birth control pills could potentially interfere with a fertilized egg's implantation into the wall of the uterus, birth control pills can cause an abortion.

There is not one legitimate medical association in the United States which supports this mistaken notion that contraceptives cause abortions, including the American College of Obstetricians and Gynecologists (ACOG) or the American Medical Association. Simply put, a woman is not pregnant until that fertilized egg implants in the wall of the uterus.

My patients, most of who struggle with infertility, know that fact all too well. For a woman undergoing In Vitro Fertilization, a common fertility treatment, her eggs are removed from her ovaries and combined with sperm in a laboratory. The goal is to produce fertilized eggs that are then transferred back into her uterus which implant in the wall of the uterus and result in a pregnancy. Though our patients may have several fertilized eggs, they are not pregnant until that fertilized egg implants in the wall of the uterus and pregnancy results.

In fact, birth control can be an important part of a patient's fertility treatment. We often use birth control in the first part of an In Vitro Fertilization cycle to increase pregnancy rates. We obviously would not be using birth control as part of a conception plan if this drug caused an abortion, as our patients are trying to conceive. Timely access to birth control is an important part of a patient's protocol on the hopeful road to having a baby.

It is also important to note that during my daily practice, I use oral contraceptives to treat many female health disorders, including endometriosis, pelvic pain, excessively dangerous menstrual bleeding, abnormal hair growth. I use it to prevent cancer of the uterus and ovaries and to maintain healthy bone development. To allow a pharmacist to deprive a woman of appropriate treatments for these many conditions because of the mistaken assumption that these pills cause abortions is sanctioning suboptimal health care for the women of Wisconsin.

FDA regulation requires that medication abortion—also known as RU-486 or mifepristone—be dispensed and administered exclusively by doctors, not pharmacists. For that reason, it is a fallacy to suggest that pharmacists in Wisconsin are being asked to fill prescriptions for abortion causing pills.

In terms of pharmacists being required to fill safe, legal birth control prescriptions, although the personal beliefs of pharmacists are to be respected, theirs is not the viewpoint that matters most in the clinical encounter. Health care providers, including pharmacists and physicians like myself, have a social contract with the general public to provide for the welfare of our patients. Much of our education was subsidized by public tax dollars and our licenses to practice are awarded by the state. And as such, we have a moral and ethical responsibility to provide the care that meets the needs of our patients, as long as it is sound medically, does not endanger the patient and is permitted by the laws that govern medical and pharmacy practice.

It is a critical component of medical ethics that the beliefs of the patient take priority over the agenda or creed of the health care provider. There are plenty of other professions where the needs of others do not come first, but this ethical precept is central to providing health care. Patients have a basic human right to expect us to do our jobs in their best interest.

SB 232 is a common sense bill that makes sure no patient's health is ever jeopardized because of the personal belief of a pharmacist.

Thank you.

Elizabeth Pritts, M.D.

Good Afternoon.

Thank you for giving me this opportunity to speak in support of SB 232.

My name is Christie Olsen and I am a nurse practitioner in Wisconsin. In my professional capacity as a nurse, I have specialized in women's reproductive health. Reproductive health care is really just part of general health care for women. Cervical cancer screenings, sexually transmitted testing and treatment and access to birth control are critical components of a woman's general health care.

Many of the patients I have seen over the years have been low-income women who have struggled to access basic preventive health care services like birth control. These patients have struggled with many factors, from affordable access to health care to transportation issues to child care. Any additional obstacle that creates other hardships to health care, such as a pharmacist who refuses to dispense a valid, safe birth control prescription, may result in them not getting access to the health care they need. We should be doing everything in our power to make sure all women who want access to birth control get it while dismantling any barriers that exist. This bill is one step closer to accomplishing that goal.

Birth control pills do not cause abortion, but prevent a pregnancy from happening in the first place. It seems that we all should be able to agree to that and do everything in our power to make sure women can get access to the birth control they need. Further, many women need access to birth control not just to prevent pregnancy, but to treat painful medical conditions like endometriosis. Some women with certain medical conditions, such as cancer, simply should not get pregnant, as a pregnancy could endanger treatment options and their lives.

As a nurse practitioner, I am licensed by the state for the privilege of providing health care to patients. As a result of the special status I have and the great responsibility I have to provide health care, I assume certain ethical precepts central to the nursing profession. The first is the principle of informed consent. That is that I need to give my patients information about all of their health care options. Indeed, it is not my role to make their health care decisions for them. It certainly is not my role to withhold certain treatment options available to them and appropriate for them because I personally disagree with that option. That is simply not the role of a health care professional.

I strongly support SB 232 and ask that you all support this bill. Thank you.

Respectfully submitted,

Christie Olsen